∑ Š	Yes	child because nduct.	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	" income, trans irst consulted v	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee or
ĕ ⊠	Yes	d trusts" need not	s of Official Conduct and certain other "excepted pouse, or dependent child?	on Standards	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
S	QUESTIONS	OF THESE G	- ANSWER EACH	TRUST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUS
the onse.	wered and 'Yes" respo	must be ansi	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	N _S	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
N _O	Yes	arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	₹	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
\$	Yes	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	S S	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
ĕ □	Yes	d receive any in the reporting))?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	S _S	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
∑ S	Yes	receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	No	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes If yes, complete and attach Schedule I.
			E QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH
assessed es more	Ity shall be a	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	r Employing Office: Be	Officer or Employee	Status Member of the U.S. State: M.V. House of Representatives District: b Annual (May 17, 2010) Amendment
Ko	HAND DELIVERED	DE H	Telephone: 202-225-233(Daytime T	Michele Marie Bachmann
TER	SOURCE CENTER PM 3: 37	EGISLATIVE RESOURCE CENTER	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

	Name
	Michele
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	M. Bachmann Pag
	Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

exceeding \$1,000. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	s received under the Social Sec	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension Spouse Speech	\$9,000 \$1,000
Ontario County Board of Education	Spouse Salary	NA
Bachmann + Associates, Inc.	Spoure Salary	NA

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Independence, WI.	7	3	Bachmann Clinic Properties	Lake Elmo MN	Bachwans Associates		DC, Examples: Simon & Schuster	-1	traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly	provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are	land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IHAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments),	duction of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "ungarned"	Identify (a) each asset held for investment or pro-	BLOCK A Asset and/or Income Source
									None		>	-}	ᅙᇙᇴ	<u> </u>	
							5	1	\$1 - \$1,000		8	If an ass year ar generat "None."	por eth eas	Indicate	
							Indefinite		\$1,001 - \$15,000		0	asse and ate	ting od (ate	
							6	\Box	\$15,001 – \$50,000		0	etw din	ye, othe peci	value	<
								×	\$50,001 - \$100,000		Ш	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	reporting year. If you use a valuation method other than fair market value, please specify the method used.	ue	BLOCK B Value of Asset
2	×				×	×			\$100,001 - \$250,000		П	iold lude	lf y nan ne n	of asset at	BLOCK B
				<u> </u>				1	\$250,001 - \$500,000		മ	dur ed o	ou fai neth	ass	₹ SE
			×		<u> </u>			_	\$500,001 - \$1,000,000		Ι	ing only valu	use r m	ĕ	SSE
					<u> </u>	L		\perp	\$1,000,001 ~ \$5,000,000		-	the / be Jes	a nark use	at	*
			<u> </u>	<u> </u>		L		_	\$5,000,001 - \$25,000,000		٤.	rep ecau shou	valı et v	close	
					ļ			\perp	\$25,000,001 - \$50,000,000		~	ortir Jild t	uatic ∕alu		
									Over \$50,000,000		l	ეც 	e, Dn	으.	
									NONE			ing Divi	e in ne	Ç	
			L		×			×	DIVIDENDS			ing the appropriate Dividends and intere vested, should be lis Check "None" if asset ate any income during	retirement plans or au not allow you to continue to continue the continue that the c	Check all columns	
			<u>×</u>	<u> </u>	<u> </u>	×		_	RENT			the idends idends ited, she sek "Na any inc	lent low nent er a	<u>a</u>	J
					ļ.,	L		\perp	INTEREST			app app app iouli one"	plar you is, y	<u>0</u>	/pe
			ļ	<u> </u>				×	CAPITAL GAINS			d be	;	ШП	BLOCK e of In
			ļ	ļ		L		4	EXCEPTED/BLIND TRUST			hould be list hould be list one" if asset come during	r ac nay	īs ±	2 8
1 W 6 W 5	Farn						Royalties		Other Type of Income (Specify: For Example, Partnership Income or	Farm !nc	come)	ing the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.	retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets <i>including all IRAs</i> , indicate the tage of income but the late.	that apply. For	BLOCK C Type of Income
			人		×				None			역 요 등 모	ᄝᇎᄝᇎᄝ	Ę	
			(N+)			$oxedsymbol{oxed}$		\perp	\$1 \$200		=	Dividends a vested, sho Check "None or generated	not allow you ments, you ments, you ments, the for all other a indicate the	ret	
			1	<u> </u>				_	\$201 - \$1,000		≡	nds I, st No erate	othe othe	irem	₽
			<u> </u>	<u> </u>		L		×	\$1,001 – \$2,500		₹	ne"	you to maner as	ent	BLOCK D Amount of Income
	-			<u> </u>	1	<u> </u>		_	\$2,501 – \$5,000	·	<	보 호 :	to choose sp nay write "NA" assets, <i>includ</i> category of	plan	Int BLC
			ļ	 	<u> </u>	×		_	\$5,001 - \$15,000		≤	tere e lix	nite gory	SOL	Int of Ir
1	×			 	<u> </u>	1	1	_	\$15,001 - \$50,000		<u> </u>	st, sted	i of NA	acc	D Inc
		-	×		 	┡		4	\$50,001 - \$100,000		≦	ever as	ing secif	ount	Щ
			2	<u> </u>	 	1	×		\$100,001 - \$1,000,000		<u>×</u>	incy s ea	ino ino ino ino	s t	(D)
			3	┼	-	 	$\vdash \vdash$	_	\$1,000,001 - \$5,000,000		×	Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.	not allow you to choose specific invest- ments, you may write "NA" for income. For all other assets, <i>including all IRAs</i> , indicate the category of income by	For retirement plans or accounts that do	
-	-		\succeq	+-	+	⊢	+	-	Over \$5,000,000	77 0	<u>×</u>				
								S (partial)	as follows: (S) (partial) See below for example. P, S, E	asset is sold, please indicate	If only a portion of an	exchanges (E) exceeding \$1,000 in reporting year.	asset had purchases (P), sales (S), or	Indicate if the	BLOCK E Transaction

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Michala M. Bachmann Page 4 of 6

Continuation Sheet (if needed)
Asset and/or Income Source
SP,
DC,
Dicar I
Mar France Funk
17
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e Fund of A
oke is
Aprenier Palancel Fund
incton Mutu
tal Incom
Bond Fund of Americ
US Savings Bends
TCF Bank Stillwater MN
Wells Farge Bank Stillwater

SCHEDULE V- LIABILITIES

Name Michele M. Bachmann Page 5 of 6

business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a

				5 C X)	
	United Bank of Wiscousin	United Bank of Wisconsin	Example: First Bank of Wilmington, Delaware	Creditor		
	Business Loan	Mortgage on Lake Elmo,	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
				\$10,001- \$15,000	В	
				\$15,001- \$50,000	0	!
				\$50,001- \$100,000	0	
	X		×	\$100,001- \$250,000	Е	Amc
		×		\$250,001- \$500,000	П	unt o
				\$500,001- \$1,000,000	Ð	Amount of Liability
				\$1,000,001- \$5,000,000	I	ility
	-		_	\$5,000,001- \$25,000,000	-	
			_	\$25,000,001 \$50,000,000		
			L	Over \$50,000,000	×	

SCHEDULE VI — GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

_	 		_		_
			Example:		
			Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
			Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
			\$345	Value	

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	City of Departure — Destination — City of Return	(Y/N) Codging?	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	DC—Chicago—DC	Z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Y	Υ	2 Days
Young Americas Foundation		MN - Sarta CA > MN	A	7	Y	2 Days
American Isvael Education July 31- Foundation Aug. 9		DC > Tel Aviv > MN (Member) AN > Tel Aviv > MN (Member)	Y	~	Y	None
Eagle Forum		MN > St. Lowis, Mo.	لم	Y	ک	None
Condunced Wines for America Sept. 27 St. Lowis, Mo. > DC> MN.	Sept. 27	St. Lowir, Mo> DC> MN.	2	~	2	None
Natl. Home Education Legal Oct. 16-17 DC > Windsor Locks, CT.	00+.16-17	DC + Window Locks, CT.	Y	~	ک	None
at Regent University 19-20 DC-> Virginia Beach VA->	Nov.	DC - Virginia Beach VA-	Y	<	~	None
David Hérowitz Freedoh	NOV 3-1	Nortalk, VA -> Palm Beach	X	<	\	None